

ALPINE SECURITIES

Stock Brokerage & Investment Company

Account Type

Corporate

Partnership

Sole Proprietor

Limited-Liability Company**Information about the business**

Official Name of the Entity

STOCK AWARENESS GROUP, LLC

Tax ID Number/SSN of Sole Proprietor

Registration Address

City

State

Zip Code

Mailing address (if different from above):

City

State

Zip Code

FL 33118

Information Release

In order to comply with SEC regulations, we require your permission to release your account information to issuers. We will assume yes if left blank.

I give my permission.

I do not give my permission.

Banking

Bank Name

BANK OF AMERICA

Location (City, State)

CUTLER BAY, FL

Information About Authorized Persons**Primary Authorized Person**

Name (first, middle initial, last)

RICARDO J. FERNANDEZ

Social Security Number

Title

By providing your email address, you hereby authorize Alpine to send all statements, trade confirmations, and any other official communication which you may require to this email address.

Do you currently maintain an account with another brokerage or investment firm?

No

Yes (see below)

Company Name

Location (City, State)

E-TRADE

Are you employed by a registered broker-dealer, a securities exchange, or FINRA?

No

Yes (see below)

Firm or Exchange Name

Location (City, State)

Co-Authorized Person (If Applicable)

Name (first, middle initial, last)

Social Security Number

Title

Date of Birth (MM/DD/YYYY)

Email Address

Daytime Phone

By providing your email address, you hereby authorize Alpine to send all statements, trade confirmations, and any other official communication which you may require to this email address.

Do you currently maintain an account with another brokerage or investment firm?

No

Yes (see below)

Company Name

Location (City, State)

Are you employed by a registered broker-dealer, a securities exchange, or FINRA?

No

Yes (see below)

Firm or Exchange Name

Location (City, State)

In the space below, please provide a complete list of the public companies in which the corporation or any authorized individual is:

- (1) An officer or director;
- (2) A holder, directly or indirectly, of 5% or more equity interest.
- (3) A corporate "insider," "controlling person," member of a controlling group or representative of a corporate insider, controlling person or group.

Use the back of this form if you need additional space. If none, write "none."

Company Name and Cusip Number

Title

Of Shares Owned

Distribution

I would like the proceeds of sales:

☐ Sent in the form of a check.☐ Held in a Dreyfus money market fund.☐ Sent as a wire transfer (send instructions).

Name

Acct. #

Suitability Determination

Alpine Securities will use the following information to determine your suitability as per the 15-g rules set forth by The United States Securities and Exchange Commission.

Financial Information

Annual Income:

- ☐ \$0 - \$25,000
☐ \$25,000 - \$50,000
☐ \$50,000 - \$100,000
☒ \$100,000 - \$200,000
☐ Over \$200,000

Net Worth

- ☐ \$0 - \$25,000
☐ \$25,000 - \$100,000
☐ \$100,000 - \$500,000
☐ \$500,000 - \$1,000,000
☒ Over \$1,000,000

Liquid Net Worth

- ☐ \$0 - \$25,000
☐ \$25,000 - \$100,000
☒ \$100,000 - \$500,000
☐ \$500,000 - \$1,000,000
☐ Over \$1,000,000

Personal Assets:

- 21 % Stock
 % Bonds
50 % Cash
 % Real Estate
 % Business
 % Other

Tax Bracket

Please check:

- ☐ 15%
☐ 20%
☒ 25%
☐ 28%
☐ 33%
☐ 35%+

Investment Objectives

- ☒ Speculation
☐ Growth
☒ Income
☐ Tax Advantage
☐ Safety of Principle
☐ Other: _____

Experience

Please fill in amount (in years) of experience with each:

- 15 Stocks
 Bonds
2 Options
1 Commodities

Education:

Please fill in number of years attended:

12 High School

 College (Undergraduate)

 College (Graduate)

Have you attended any business classes or investor training?

☐ Yes ☒ No

If Yes, please list institutions where classes were attended in the space below:

PLEASE READ BEFORE SIGNING

Certification:

Under penalties of perjury, I certify that I have previously received a Risk Disclosure Document explaining important information about designated securities. Furthermore, the undersigned hereby represent(s) that he/she has read the terms and conditions of the Cash Account Agreement, including the reverse side thereof, and agrees to be bound, jointly and severally, to all the terms and conditions. The undersigned further affirms he/she is not acting as a nominee. The undersigned agree(s) to notify Alpine Securities if any of the above information changes.

Customer Signature

Date

Joint Customer Signature (If Applicable)

Date

I hereby certify that all information has been provided to me by the customer:

Registered Representative

Date

Approval of Principal

Date


Penson Financial Services
New Account Approval Form

Account Number

 Cash ☒ Mgn. ☐ Short ☐ Optn. ☐ IRA ☐ Office Code: 15 RR# 02 Acct. Open Date: _____

 Is this account for a Foreign Bank? ☐ YES / ☐ NO. If yes, please list U.S. agent for service of process: _____

 Name of Primary Account Holder or Title of Account: STOCK AWARENESS GROUP, LLC

(Write name exactly as it appears on Social Security Card or Fed ID Registration)

Name of Secondary Acct. Holder: _____

Primary Account Holder Information:

SSN, Fed ID, Cedula, NIT#:	Home Telephone:
Residential Address: (No PO Boxes)	
City, State, Zip:	<u>FL 33158</u>
Mailing Address (if different):	
City, State, Zip:	
Employer's Name:	<u>STOCK AWARENESS GROUP, LLC</u>
Employer's Address:	<u>Advertising</u>
City, State, Zip:	<u>33158</u>
Email Address:	Date of Birth:
Associated person of a Broker?	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/> (If Yes, please name):

Secondary Account Holder Information (If Joint Acct.): ☐ YES / ☐ NO – Is Secondary Account holder the Spouse of Primary Account Holder?

SSN, Fed ID, Cedula, NIT#:	Home Telephone:
Residential Address: (No PO Boxes)	
City, State, Zip:	
Mailing Address (if different):	
City, State, Zip:	
Employer's Name:	
Employer's Address:	
City, State, Zip:	
Email Address:	Date of Birth:
Associated person of a Broker?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (If Yes, please name):

Citizenship Information:
Primary:

 Are you a U.S. Citizen? Yes ☒ / No ☐
 Resident Alien? Yes ☐ / No ☒ Country of Birth: _____
 Non-Resident Alien? Yes ☐ / No ☒ Country Residing In: _____

Secondary:

 Are you a U.S. Citizen? Yes ☐ / No ☐
 Resident Alien? Yes ☐ / No ☐ Country of Birth: _____
 Non-Resident Alien? Yes ☐ / No ☐ Country Residing In: _____

Investment Objectives: (* If more than one, please rank 1-8)

<input checked="" type="checkbox"/> Long term growth with safety (long term capital appreciation with relative safety of principal)	A
<input type="checkbox"/> Short term growth with high risk (Appreciation with acceptance of high risk)	B
<input checked="" type="checkbox"/> Speculative (want increase in value of investments – High Risk)	C
<input type="checkbox"/> Income (want to use proceeds of the acct. as a source of income)	H
<input type="checkbox"/> Growth and Income (preserve capital as much as possible)	I
<input type="checkbox"/> Long term growth with greater risk – Aggressive Growth (trade volatile securities that have wide changes in price)	J
<input type="checkbox"/> Balanced (Diversification of asset classes for equal blend of income and long-term growth)	M
<input type="checkbox"/> Capital Appreciation (High Risk, capital growth invested primarily in stocks and options)	N

Tax Information:

# Of Dependents:	<u>2</u>
Tax Status:	<u>25 %</u>
Initial Deposit:	<u>\$ 50,000.00</u>
Initial Transaction:	<u>Direct Certs</u>

 Marital Status: ☒ S / ☐ M / ☐ D / ☐ W

 Signature: Primary [Signature] Secondary _____


Penson Financial Services
New Account Approval Form

Account Number: _____

Cash ☒ Mgn. _____ Short _____ Optn. _____ IRA _____ Office Code: _____ RR# _____ Acct. Open Date: _____**Client Information:**

How long has account holder known the Broker?	JUST MET
Who were you introduced by?	INTERNET AD.
Is account holder a control person? (Officer, Director or 10% stock owner)	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
If Yes, Please list the company(s) controlled & position:	
Is client an employee of Insurance Co., Bank, Fund, Securities firm or Investment Advisor? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	

Income:		Net Worth: (Excluding Primary Residence)		Liquid Net Worth:		Payment Instructions:		
<input type="checkbox"/> \$0 - 24,999	<input type="checkbox"/> \$0 - 25,000	<input type="checkbox"/> \$0 - 25,000	A	Securities	Money	Dividends		
<input type="checkbox"/> \$25,000 - 39,999	<input type="checkbox"/> \$25,000 - 39,999	<input type="checkbox"/> \$25,000 - 39,999	B	<input type="checkbox"/> Transfer & Ship (1)	<input type="checkbox"/> Pay (1)	<input type="checkbox"/> Pay Weekly (1)		
<input type="checkbox"/> \$40,000 - 64,999	<input type="checkbox"/> \$40,000 - 64,999	<input type="checkbox"/> \$40,000 - 64,999	C	<input checked="" type="checkbox"/> Hold St. Name (2)	<input checked="" type="checkbox"/> Hold (7)	<input type="checkbox"/> Pay Monthly (1)		
<input type="checkbox"/> \$65,000 - 124,999	<input type="checkbox"/> \$65,000 - 124,999	<input type="checkbox"/> \$65,000 - 124,999	D			<input checked="" type="checkbox"/> Hold (4)		
<input type="checkbox"/> \$125,000 - 249,999	<input type="checkbox"/> \$125,000 - 249,999	<input type="checkbox"/> \$125,000 - 249,999	E					
<input type="checkbox"/> \$250,000 - \$499,999	<input type="checkbox"/> \$250,000 - \$499,999	<input type="checkbox"/> \$250,000 - \$499,999	F	Principal & Maturity: <input checked="" type="checkbox"/> Credit to Account	<input type="checkbox"/> Send Payment			
<input checked="" type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$500,000 - \$999,999	G	Process checks: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Weekly				
<input type="checkbox"/> \$1,000,000 - Over	<input type="checkbox"/> \$1,000,000 - Over	<input type="checkbox"/> \$1,000,000 - Over	H	Money Market Sweeps: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No - If Yes, List Fund:				

Investment Experience:

	Yrs	Avg. Size	Avg. # P/Yr.
Options:	10		
Stocks:	10		
Bonds:			
Commodities:			
Other (specify):			

Type of Registration:

<input checked="" type="checkbox"/> Individual / <input type="checkbox"/> Joint Community Property / <input type="checkbox"/> Payable on Death (Individual)
<input type="checkbox"/> Joint Tenants In Entirety / <input type="checkbox"/> Joint with Rights of Survivorship (except in LA) / <input type="checkbox"/> Joint Tenants In Common
<input type="checkbox"/> Joint with Rights of Survivorship & Payable on Death (except in LA) / <input type="checkbox"/> Transfer on Death
<input type="checkbox"/> UGMA / <input type="checkbox"/> UTMA (Provide DOB & SSN for minor): SSN _____ DOB _____
<input type="checkbox"/> Retirement Account - Type: _____ / <input type="checkbox"/> Foreign Non-Resident Alien / <input type="checkbox"/> Resident Alien
<input type="checkbox"/> Other (Circle): Corporate, LLC, Trust, Partnership, Estate, Non-Profit, Sole Proprietorship, Investment Club

Credit References:

Bank:	BANK OF AMERICA
Branch:	CUTLER BAY
Type of Acct:	CHECKING
Broker:	

Duplicate Confirmations:

Please send Duplicate confirms to the following address:

Authorized Person:

If a person, other than the primary and/or secondary account holder will be operating this account, list Name, Address, ID# & Employer:
Is this a Discretionary account? Yes No (Circle One)

Customer and Authorized Person's Signature:

Primary Account Holder: RICARDO J. FERNANDEZ Date: 5/26/10

Secondary Account Holder: _____ Date: _____

Authorized Person (if Applicable): _____ Date: _____

Broker Use Only:

Registered Rep Signature:	<u>[Signature]</u> 5/26/2010
Branch Manager Signature:	
Designated Officer Signature:	5-26-2010

Daytrading:

Approved for Day Trading Strategy? <input type="checkbox"/> YES / <input checked="" type="checkbox"/> NO
Was Daytrading Risk Disclosure Statement Delivered? <input type="checkbox"/> YES / <input checked="" type="checkbox"/> NO
Date Daytrading Disclosure was delivered: